2010 REGULATORY UPDATE

Permanent Administrative Regulations
Article 1.-REGISTRATION AND EXAMINATION OF PHARMACISTS

68-1-1b Continuing educational unit.

(a) Ten clock-hours of continuing education approved by the board shall constitute one continuing educational unit (C.E.U.). ``Continuing education'' shall mean an organized and systematic education experience beyond basic preparation that is designed to achieve the following:

(1)(A) Increase knowledge, improve skills, or enhance the practice of pharmacy; or

(B) improve protection of the public health and welfare; and

(2) ensure continued competence.

(b) Three C.E.U.s shall be required for renewal during each licensure period. Continuing education hours may be prorated for licensure periods that are less than biennial at a rate of .125 C.E.U.s per month.

(c)(1) Each continuing education program administered by a provider approved by the accreditation council for pharmacy education (ACPE) shall be approved by the board.

(2) Each continuing education program shall be a program of continuing education that has been approved by the board. Each provider not approved by the ACPE shall submit the continuing education program to the board at least 120 days in advance for consideration for approval. Except for continuing education programs provided by an ACPE-approved provider, continuing education programs shall not include in-service programs, on-the-job training, orientation for a job, an education program open to the general public, a cardiopulmonary resuscitation (CPR) course, a basic cardiac life support (BCLS) course, emergency or disaster training or direct experience at a healthcare facility under a code blue, testing out of a course, medical school courses, and continuing medical education (CME) category 1 programs.

(3) The criteria for continuing education specified in paragraphs (a)(1) and (2) shall be considered by the board when deciding whether to approve a continuing education program submitted by a provider not approved by the ACPE.

(d) Attendance at a scheduled board meeting shall be accepted by the board for C.E.U. credit according to this schedule:

(1) 0.1 C.E.U. for each two hours of attendance at a scheduled board meeting; and

(2) a maximum of 0.8 C.E.U. for a biennial licensing period.

(e) In each biennial licensing period, the total number of combined C.E.U. credits from attendance at programs of a provider not approved by the ACPE and from the attendance at a scheduled board meeting shall not exceed 0.8 C.E.U., for purposed of meeting the continuing education requirement for license renewal.

(f)A licensee shall not be allowed to carry forward excess hours earned in one licensure period into the next licensure period. (Authorized by and implementing K.S.A. 65-1632; effective, E-76-31, Aug. 11, 1975; effective May 1, 1976; amended May 1, 1978; amended May 1, 1983; amended May 1, 1986; amended May 1, 1987; amended July 1, 1990; amended July 31, 1998; amended October 20, 2006; amended April 23, 2010.

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Article 7.-MISCELLANEOUS PROVISIONS

68-7-21 Institutional Drug Rooms.

(a) All prescription-only drugs dispensed or administered from an institutional drug room shall be in prepackaged units, the original manufacturer's bulk packaging, or patient specific pharmacy labeled packaging. All prepackaging shall meet the requirements of K.A.R. 68-7-15.

(b) Each pharmacist of practitioner, as that term is defined in K.S.A. 65-1637a and amendments thereto; who is responsible for supervising an institutional drug room shall perform the following:

(1) Develop or approve programs for the training and supervision of all personnel in the providing and control of drugs;

(2) develop or approve a written manual of policies and procedures governing the storage, control, and provision of drugs when a pharmacist or practitioner is not on duty;

(3) maintain documentation of at least quarterly reviews of drug records, drug storage conditions, and the drugs stored in all locations within the institutional drug room;

(4) develop or approve written procedures for documenting all reportable incidents, as defined in K.A. R. 68-7-12b, and documenting the steps taken to avoid a repeat of each reportable incident.

(c) The policies and procedures governing the storage, control, and provision of drugs in an institutional drug room when a pharmacist or practitioner is not on duty shall include the following requirements:

(1) A record of all drugs provided to each patient from the institutional drug room shall be maintained in the patient's file and shall include the practitioner's order or written protocol.

(2) If the practitioner's order was given orally, electronically, or by telephone, the order shall be recorded, either manually or electronically. The recorded copy of the order shall include the name of the person who created the recorded copy and shall be maintained as part of the permanent patient file.

(3) The records maintained in each patient's file shall include the following information:

(A) The full name of the patient;

(B) the date on which the drug was provided;

(C) the name of the drug, the quantity provided, and the strength of the drug provided;

(D) the directions for use of the drug; and

(E) the prescriber's name and, if the prescriber is a physician's assistant or advanced registered nurse practitioner, the name of that person's supervising practitioner.

(d) All drugs dispensed from an institutional drug room for use outside the institution shall be in a container or package that contains a label bearing the following information:
(1) The patient's name
(2) the identification number assigned to the drug provided;
(3) the brand name or corresponding generic name of the drug, the strength of the drug, and either the name of the manufacturer or an easily identified abbreviation of the manufacturer's name;
(4) any necessary auxiliary labels and storage instructions;
(5) the beyond-use date of the drug provided;
(6) the instructions for use; and
(7) the name of the institutional drug room.
(e) Each label for any prepackaged or repackaged drug shall meet the requirements of K.A.R. 68-7-16. (Authorized by K.S.A. 65-1630 and K.S.A. 65-1637a; implementing K.S.A. 2008 Supp. 65-1626, K.S.A. 2008 Supp. 65-1626d, and K.S.A. 65-1637a; effective April 2010.
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Article 20.-CONTROLLED SUBSTANCES
68-20-10a Electronic prescription transmission of controlled substances.
(a) A prescription drug order transmitted electronically shall be issued for a legitimate medical purpose by a prescriber acting within the course of legitimate professional practice.
(b) All prescription drug orders communicated by way of electronic transmission shall fulfill all the requirements of K.A.R. 68-2-22.
(c) If communicated by electronic transmission, the prescription drug order shall be maintained in hard copy for the time required by existing federal and state laws and regulations.
(d) A prescription drug order, including that for any controlled substance listed in schedules III, IV, and V, and in certain situations, that for any controlled substance listed in schedule II, may be communicated by electronic transmission.
(e) The electronic transmission of a prescription drug order for any schedule II controlled substance shall conform to these requirements:
(1) A prescription drug order for any schedule II controlled substance may be communicated by the prescriber or that prescriber's designated agent by way of electronic transmission, if the original, written, signed prescription drug order is presented to the pharmacist for review before the actual dispensing of the controlled substance, except as noted in this subsection.
(2) A prescription drug order for any schedule II narcotic substance to be compounded for the direct administration to a patient by parenteral, intravenous, intramuscular, subcutaneous, or intraspinal infusion may be communicated by

the prescriber or that prescriber's designated agent to the pharmacy by way of electronic transmission. The hard copy of this electronic transmission shall serve as the original, written prescription drug order for purposes of this subsection, and the hard copy shall be maintained as such.
(3) A prescription drug order for any schedule II controlled substance for a resident of a nursing facility, a nursing facility for mental health, or an assisted living facility may be communicated by the prescriber or that prescriber's designated agent by way of electronic transmission. The hard copy of this electronic transmission shall serve as the original, written prescription drug order for purposes of this subsection, and the hard copy shall be maintained as such.
(4) A prescription drug order for any schedule II controlled substance for a patient released by a registered institution to a home hospice setting that continues to provide daily skilled nursing care to the home hospice setting may be transmitted by the prescriber or that prescriber's designated agent by way of electronic transmission to the dispensing pharmacy. The hard copy of this electronic transmission shall serve as the original, written prescription drug order for purposes of this subsection, and the hard copy shall be maintained as such.
(5) In the case of an emergency situation, a prescription drug order for any schedule II controlled substance may be communicated by the prescriber by way of electronic transmission, if the following requirements are met:
(A) The quantity prescribed and dispensed shall be limited to the amount adequate to treat the patient during the emergency period. Dispensing beyond the emergency period shall be pursuant to a written prescription drug order signed by the prescriber.
(B) After the pharmacist views the prescription drug order, this order shall be immediately reduced to a hard copy and shall contain all information required by federal and state laws and regulations.
(C) The pharmacist shall exercise professional judgment regarding the accuracy, validity, and authenticity of the prescription drug order communicated by way of electronic transmission, consistent with existing federal and state laws and regulations.
(D) (i) Within seven days after authorizing an emergency prescription drug order, the prescriber shall cause a written prescription drug order for the emergency quantity prescribed to be delivered to the dispensing pharmacist. In addition to conforming to all other federal and state laws and regulations, the prescription drug order shall have written on its face "authorization for emergency dispensing" and the date of the transmitted prescription drug order.
(ii) The written prescription drug order shall be delivered to the pharmacist in person within seven days of authorization, or if delivered by mail, the order shall be postmarked within the seven-day period.
(iii) Upon receipt, the dispensing pharmacist shall attach this written prescription drug order to the hard copy of the electronically transmitted prescription drug order. The pharmacist shall notify the nearest office of the U.S. drug enforcement administration (DEA) if the prescriber fails to deliver a written prescription drug order. (Authorized by and implementing K.S.A. 65-1630, K.S.A. 2008 Supp. 65-

1642, K.S.A.. 65-4102, as amended by L. 2009, Ch. 32, Sec. 54, and K.S.A. 65-4123; effective Feb. 5, 1999; amended April 2010.)

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